

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD P01252US OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) **NUMBER EXTRA** FOR NUMBER FILED RATE FEE RATE **FEE BASIC FEE** \$370 370 OR 740 (37 CFR 1.16(a)) TOTAL CLAIMS 61 minus 20 = 41 OR x \$<u>18</u> = x \$**9** 369 (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = × <u>42</u>= OR x84 =6 3 126 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 280= 140 TOTAL 865. **0** ODR TOTAL ♣ If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** OR **SMALL ENTITY** SMALL ENTITY (Column I) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent \*\*\* Minus (37 CFR 7.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-B REMAINING NUMBER **PRESENT** TIONAL RATE TIONAL **RATE AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column I) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING PRESENT NUMBER RATE **TIONAL** RATE **TIONAL AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus = OR Independent \*\*\* Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT, FEE ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. This will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			6 minus 20=		* 41		1	X\$ 9=	369	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		* 3			X42=	126	OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2		TOTAL	365	OR	TOTAL		
	. С	LAIMS AS A	AMENDED - PART II  (Column 2) (Column 3)				3	SMALL	OR	OTHER THAN			
AMENDMENT AS		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 74	Minus	** (	-1	= 13		X\$ 9=	117	OR	X\$18=		
	Independent	* 7	Minus	***	6	= 1	4	X42=	43	OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN.	T CLAIM			+140=		OR	+280=		
							•	TOTAL	160		TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3		ADDIT. FEE			ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		, OR	X\$18=		
	Independent	*	Minus	***		=	_	X42=		OR	X84=		
	FIRST PRESE	ال	+140=		OR	+280=							
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		3)_	ADDIT: TEE		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
AMENDMENT C	1	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=	·	
	FIRST PRESE	ULTIPLE DEI	LTIPLE DEPENDENT			_	+140=				<b> </b>		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280= TOTAL		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Tetal or Independent) is the highest number found in the appropriate box in column 1.												